



Shreveport Public Assembly and Recreation
RBI Youth T-Ball

Team Entry Form

ENTRY FEE MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED

(Team Entry Deadline March 13, 2014)

SEASON BEGINS March 25, 2014

TEAM NAME: _____

AGE CUTOFF:

**December 31,
Previous Year**

**Must be 5 years
old by
March 31,
Current Year**

League:
(Check One):

_____ 5-7 yrs. TBall _____ 8-10 yrs.

_____ 11-12 yrs. _____ 13-14 yrs.

HEADCOACH NAME: _____

ADDRESS: _____
(Street) (Apt #)

_____ (City) (Zip Code)

C/PHONE: _____ H/PHONE: _____ W/PHONE: _____

EMAIL: _____

ASST. COACH NAME: _____

ADDRESS: _____
(Street) (Apt #)

_____ (City) (Zip Code)

C/PHONE: _____ H/PHONE: _____ W/PHONE: _____

EMAIL: _____

Additional coaches may be added on attached form.

BYE REQUEST DATES

(Please Prioritize; Cannot Be Guaranteed)

BYE DATE: _____
BYE DATE: _____
BYE DATE: _____

REASON: _____
REASON: _____
REASON: _____

All Coaches and Team Parents must clear a background check

ASST. COACH NAME: _____

ADDRESS: _____ (Street) _____ (Apt #)

(City) (Zip Code)

C/PHONE: _____ H/PHONE: _____ H/PHONE: _____

ASST. COACH NAME: _____

ADDRESS: _____ (Street) _____ (Apt #)

(City) (Zip Code)

C/PHONE: _____ H/PHONE: _____ H/PHONE: _____

ASST. COACH NAME: _____

ADDRESS: _____ (Street) _____ (Apt #)

(City) (Zip Code)

C/PHONE: _____ H/PHONE: _____ H/PHONE: _____

ASST. COACH NAME: _____

ADDRESS: _____ (Street) _____ (Apt #)

(City) (Zip Code)

C/PHONE: _____ H/PHONE: _____ H/PHONE: _____

TEAM PARENT NAME: _____

C/PHONE: _____ H/PHONE: _____

TEAM PARENT NAME: _____

C/PHONE: _____ H/PHONE: _____